



# Office of Smart Growth



## Smart Growth Space Approval Request - SPR Part 2

Department:

Division:

Bureau:

Office:

Program:

Contact  
Person:

First

Last

Line 1

Line 2

City

ZIP

Phone

 (  )  -  Ext. 

Email

Present Location  
of  
Agency/Program:

Brief Program  
Description:

Date Required:

  20 

Reason for  
Specific Date:

Geographic Area  
Served by  
Program:  
(Check all that apply)

☐ Statewide  
County

☐ Atlantic

☐ Gloucester

☐ Ocean

☐ Bergen

☐ Hudson

☐ Passaic

☐ Burlington

☐ Hunterdon

☐ Salem

☐ Camden

☐ Mercer

☐ Somerset

☐ Cape May

☐ Middlesex

☐ Sussex

☐ Cumberland

☐ Monmouth

☐ Union

☐ Essex

☐ Morris

☐ Warren

Municipalities:

## Smart Growth Space Approval Request - SPR Part 2

**Preferred  
Location(s):**

**Smart Growth Area?**

☐ Yes

☐ No

Consult the [HMFA Smart Growth Locator](#) to determine Smart Growth Area Status.

**Explanation if NOT in a Smart Growth Area**

**Number of:**

**Staff assigned to Location**

**Visitors accommodated per day**

**Reason for  
Request:**



**1. Lease Expiration**

**Municipality/Preferred Location**



**2. Existing Lease Renewal Option**



**3. Request for Additional Space (Same Location)**



**4. Request for New Requirement**

**Municipality/Preferred Location**

**Questions? Contact Darcy Horner at (609) 633-7731 or [darcy.horner@dca.state.nj.us](mailto:darcy.horner@dca.state.nj.us)**

**OSG  
Comments**



**Approved**



**Disapproved**

**Planning Area Impacted by Request**

**Metropolitan**

**Environ. Sens.**

**Water**

**Suburban**

**Env. Sens./B.I.**

**Military**

**Fringe**

**Park**

**Center?**

**Rural**

**Meadowlands**

**Yes**

**Rural/Env. Sens.**

**Pinelands**

**No**

**Comments**